

Division of Services for the Deaf and Harding of Hearing Utah Interpreter Program



Interpreter Workshop Approval Application

Submitted by _____ Date _____

Phone _____ E-mail address _____

Name of Workshop: _____

Date of Workshop: _____

Workshop time: _____ to _____ Workshop hours (CEHs requested) _____

Sponsored by: _____ Workshop cost: \$ _____

Do you approve credit (CEHs) for partial attendance? ____YES ____ NO If "yes," how many hours are required for partial credit? _____

Is this workshop to be posted on the UIP web site? (circle one) YES NO

Workshop description (brief): _____

Presenters: _____

Workshop location (including room if applicable): _____

PLEASE NOTE: Attendance roster must be returned within 30 days following the workshop for participants to receive CEH credit.

DSDHH Use Only

Approved _____

Denied _____

CEHs _____